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DATE: November 1, 2004

TO: Blood Banks, Dentists, Dispensing Physicians, Federally Qualified Health Centers, Nurse Practitioners, Pharmacies, Physician Assistants, Physician Clinics, Physicians, Podiatrists, Rural Health Clinics, HMOs and Other Managed Care Programs

FROM: Wisconsin Medicaid

SUBJECT: Revision of approval criterion for certain brand medically necessary drugs

Effective immediately, the Department of Health and Family Services is revising one approval criterion for certain brand medically necessary (BMN) narrow therapeutic index (NTI) drugs.

The NTI drugs are:

- Coumadin.
- Dilantin.
- Neoral.
- Tegretol.

Clinical criteria for prescribing BMN drugs must be documented by the prescriber on the [MedWatch form](#). Effective immediately, criteria for approval of a prior authorization (PA) request for these brand name NTI drugs are now:

- An adverse reaction to the generic drug(s).
- An allergic reaction to the generic drug(s).
- Actual *or anticipated* therapeutic failure of the generic drug(s).

The revised criterion now includes *anticipated* therapeutic failure of the generic drug(s) in addition to the actual failure of the generic drug(s), as previously noted. To address the revision to this criterion, prescribers should consider the following: For recipients already stabilized on a brand name NTI drug, is there an actual *or anticipated* therapeutic failure of the generic drug?

Documentation on the MedWatch form must indicate how the brand name drug will prevent recurrence of an adverse or allergic reaction or therapeutic failure of the generic drug. Documentation should include the prescriber's concern that switching this recipient to a generic product is likely to have an adverse reaction. The PA request may be approved if the prescriber documents an *anticipated* therapeutic failure with a switch to a generic drug.

For additional information on the BMN drug policy, refer to the August 2004 *Wisconsin Medicaid and BadgerCare Update* (2004-63), titled "Prescriber Information on Prior Authorization Requirements for Brand Medically Necessary Drugs."

Providers may also call Provider Services at (800) 947-9627 or (608) 221-9883 for information regarding coverage of Wisconsin Medicaid, BadgerCare, and SeniorCare drugs.